U.S. CIVIL SERVICE — APPLICATION FOR FEDERAL EMPLOYMENT — Form Approved: B.O. No. 57-R6.

(35)

INSTRUCTIONS: Make necessary entries in ink only and print plainly. Type name or print in INK. If you are applying for a specific Home Civil Service examination, you should write to the office announcing the examination for the proper application form. Mail this application to the office specified in the announcement. Do not send it to the same office as any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION No.

1. Name of examination, or kind of position applied for:

2. Optional subject (if mentioned in examination announcement):

3. Place of employment applied for:

ANNOUNCEMENT

4. Mr. Mrs. Miss (First name) (Middle) (Maiden, if any) (Last)

5. Street and number or R. D. number:

City or post office (including postal zone), and State:

6. Legal or voting residence (State): 7. Office phone No.: Home phone:

8. Place of birth (city and State; if born outside U. S., name city and country):

9. Date of birth (month, day, year): 10. Age last birthday: 11. ☐ Male ☐ Female

SELECTION No.

12. ☐ Married ☐ Single 13. Height without shoes: _____ feet _____ inches Weight: _____ pounds

14. Have you ever been employed by the Federal Government? ☐ Yes ☐ No

If now employed by the Federal Government, give present grade and date of last change in grade:

DO NOT WRITE IN THIS BLOCK

For Use of Civil Service Commission Only

☐ Apport. ☐ Non-apport.	Material ☐ Submitted ☐ Returned	Entered register:
Notations:	App. Review: Approved:	

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			☐ 5 points (ret.)	
			☐ 10 points	
			☐ Wife or Widow	
			☐ Disab.	
			☐ Being investigated	
INITIALS AND DATE				

Indicate "Yes" or "No" answer by placing X in proper column	YES	NO
15. (a) Would you accept short-term appointment, if offered, for— 1 to 3 months?		
3 to 6 months?		
6 to 12 months?		
(b) Would you accept appointment, if offered— in Washington, D. C.?		
anywhere in the United States?		
outside the United States?		

15. (c) If you will accept appointment in certain locations ONLY, give acceptable locations:

(d) What is the lowest entrance salary you will accept: $_____ per year.

You will not be considered for positions paying less.

(e) If you are willing to travel, specify: ☐ Occasionally ☐ Frequently ☐ Constantly

A. EXPERIENCE.—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to determine your qualifications for the position for which you are applying. In the spaces provided below describe EXACTLY position you have held. Use a separate block for EACH position. You may also include any pertinent religious, civic, welfare or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).

(a) If you were ever employed in any position under a name different from that shown in item 4 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION

Dates of employment (Month, year) From: To present time	From: title of your present position:	Salary or earnings: Starting, $ per Present, $ per
Place of employment (city and State):		
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division:	Description of your work:	
Kind of business or organization (e. g., wholesale milk, insurance agency, mfg. of locks, etc.):		
Number and kind of employees supervised by you:		
Name and title of immediate supervisor:		
Reason for desiring to change employment:		

(CONTINUED ON NEXT PAGE)

16—15—47175-1

33. PERSONS not living in the United States or Territories of the United States are NOT eligible for appointment unless specifically authorized for the position for which you are applying. Do not list names of relatives or friends living abroad (see item 32).

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION
1.		
2.		
3.		

34. May inquiry be made of your present employer regarding your character, qualifications, etc.? ☐ Yes ☐ No

Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
25. Are you a citizen of the United States?		
26. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence?		
If your answer is "Yes," give complete details in Item 38.		
27. Within the past 12 months, have you habitually used intoxicating beverages to excess?		
28. Since your 16th birthday, have you ever been convicted, or fined, or imprisoned, or placed on probation, or have you ever been ordered to deposit bail, for the violation of any law, police regulation or ordinance (excluding minor traffic violations for which a fine of $25 or less was imposed)?		
If your answer is "Yes," list all such cases under Item 38 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken.		
29. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position?		
If your answer is "Yes," give in Item 38 the name and address of employer, date, and reason in each case.		
30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service?		
If your answer is "Yes," give in Item 38 reason for retirement, that is, age, optional, disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating if retired from military or naval service.		
31. Are you an official or employee of any State, Territory, county, or municipality?		
If your answer is "Yes," give details in Item 38.		
32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months?		
If your answer is "Yes," show in Item 38 for EACH such relative: (1) full name; (2) present address; (3) relationship; (4) department or agency by whom employed, and (5) kind of appointment.		
33. Have you ever had a nervous break-down?		
If your answer is "Yes," give complete details in Item 38.		
34. Have you ever had tuberculosis?		
If your answer is "Yes," give complete details in Item 38.		

Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
35. Have you any physical defect or disability whatsoever? If your answer is "Yes," give complete details in Item 38.		
36. (a) Were you ever in the United States Military or Naval Service during time of War?		
(b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation?		
(c) Was service performed on an active full-time basis, with full military pay and allowances?		

(d)

Date of entry or entries into service:	Date of separation or separations:

Branch of service (Army, Navy, M. C., C. G., etc.)	Grade (rank) or rating at time of separation:	Serial No.

IF YOUR ANSWERS TO THIS QUESTION (No. 36) INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE, SUCH PREFERENCE WILL BE CREDITED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICER, PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.

Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
37. (a) If you served in the U. S. Military or Naval Service during peacetime ONLY, did you participate in a campaign or expedition and receive a campaign badge or service ribbon?		
(b) Are you a disabled veteran?		
(c) Are you the unmarried widow of a veteran?		
(d) Are you the wife of a veteran who has service-connected disability?		

IF YOUR ANSWER TO QUESTION 37 (a), (b), (c), OR (d) IS "YES," AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.

THIS SPACE FOR USE OF APPOINTING OFFICE ONLY

The information contained in the answers to Question 36 above has been verified by comparison with the discharge certificate on _____ 19____

Agency: Title:

38. Space for detailed answers to other questions (indicate item numbers to which answers apply).

ITEM No.		ITEM No.	

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 80).

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date _____

Signature of applicant _____
(Sign your name in INK (one given name, initials, and surname). If female, prefix Miss or Mrs. and if married use your own given name as "Mrs. Mary L. Doe.")

18. CONTINUED

Dates of employment: (Month, year)
From: [illegible] To: [illegible]

Place of employment (city and State):

Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division:

Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.):

Number and kind of employees supervised by you:

Name and title of immediate supervisor:

Reason for leaving:

Exact title of your position:

Salary or earnings: Starting $ per Final $ per

Description of your work:

Dates of employment: (Month, year)
From: [illegible] To: [illegible]

Place of employment (city and State):

Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division:

Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.):

Number and kind of employees supervised by you:

Name and title of immediate supervisor:

Reason for leaving:

Exact title of your position:

Salary or earnings: Starting $ per Final $ per

Description of your work:

Dates of employment: (Month, year)
From: [illegible] To: [illegible]

Place of employment (city and State):

Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division:

Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.):

Number and kind of employees supervised by you:

Name and title of immediate supervisor:

Reason for leaving:

Exact title of your position:

Salary or earnings: Starting $ per Final $ per

Description of your work:

Dates of employment: (Month, year)
From: [illegible] To: [illegible]

Place of employment (city and State):

Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division:

Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.):

Number and kind of employees supervised by you:

Name and title of immediate supervisor:

Reason for leaving:

Exact title of your position:

Salary or earnings: Starting $ per Final $ per

Description of your work:

If more space is required use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of application.

17. MILITARY EXPERIENCE.—In order to make (b) and (c) these statements of your training, duties, and responsibilities as complete as possible, you should refer to your service record. Fill in the appropriate spaces for most recent service school you have attended. If you attended no special or technical schools while in the service, write in Item (a) "No other service schools" and in Items (b) and (c) all important changes in duty assignment, showing dates of such assignment.

(a) First Special Service School attended:	(b) What were you taught in First Special Service School?
Location:	
Dates attended (months, years): From: To:	
Rating received at end of this training:	
(c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School):	(d) What did you do during this duty assignment?
Dates of duty assignment (months, years): From: 4 To: 4	
(e) Second Special Service School attended:	(f) What were you taught in Second Special Service School?
Location:	
Dates attended (months, years): From: To:	
Rating received at end of this training:	
(g) Duty assignment after this training:	(h) What did you do during this duty assignment?
Dates of duty assignment (months, years): From: To:	

List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.

18. EDUCATION.—Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Mark (x) the appropriate box to indicate satisfactory completion of:

☐ Elementary School ☐ Junior High School ☐ Senior High School

(a) Give name and location of last high school attended:

(b) Subjects studied in high school which apply to position desired:

(c) Name and Location of College or University	Major	Dates Attended From—	Dates Attended To—	Years Completed Day	Years Completed Night	Degrees Conferred Title	Degrees Conferred Date	Semester Hours Credit

(d) List Your Chief Undergraduate College Subjects	Semester Hours	List Your Chief Graduate College Subjects	Semester Hours

(e) Other training such as vocational, business, study courses given through the Armed Forces Institute (show name and location of school), or "in-service training" in a Federal agency:

Subjects Studied	Dates Attended From—	Dates Attended To—	Years Completed Day	Years Completed Night

19. Indicate your knowledge of foreign languages:

	READING Exc.	READING Good	READING Fair	SPEAKING Exc.	SPEAKING Good	SPEAKING Fair	UNDERSTNG Exc.	UNDERSTNG Good	UNDERSTNG Fair

(a) How was your knowledge of foreign languages acquired?

(b) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e. g., business, education, recreation):

Africa, July & August 1943; soldier

20. List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multilith, comptometer, key-punch, turret lathe, scientific or professional devices:

Approximate number of words per minute in typing _____ shorthand _____

21. Are you now or have you ever been a licensed or certified member of any trade or profession (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)

☐ Yes ☐ No Give kind of license and State:

First license or certificate (year):

Latest license or certificate (year):

22. Give any special qualifications not covered elsewhere in your application such as:
(a) your more important publications (do NOT submit copies unless requested)
(b) your patents or inventions
(c) public speaking and public relations experience
(d) membership in professional or scientific societies, etc.

Public relations

Biography - Harold Weisberg

Born April 8, 1913, Philadelphia. Educated in public schools of Philadelphia and Wilmington, Delaware. Three years at University of Delaware. Reporter and correspondent for Wilmington daily and Sunday papers, by-line feature writer for Philadelphia Ledger syndicate, 1931-4. File clerk, Dept. Agriculture, AAA, Washington, 1934 or 1935 to 1936. Investigator, Editor, Assistant Secretary, U.S. Senate Subcommittee of the Committee on Education and Labor (popularly known as Senate Civil Liberties Committee) 1936-1939. Free-lance writer specializing in national, international affairs, cartels, 1940-2. Army, 1942-1944, last assignment OSS. Latin American Division OSS as civilian 1945 until transfer into State Department, where I continued uninterruptedly until June 23, 1947, in Division of Research for the American Republics, successor to OSS Latin American Division.